Life Insurance

Surrender request

Policy Number:

Reference No.:

Aditya Birla Sun Life Insurance Company Ltd.



PROTECTING INVESTING FINANCING ADVISING

Policy Cancellation (Surrender Form)

| · · | gned by the | Joney Ov | viiei. | casc | use a s | сран | ate re | ques | CIOII | 1101 6 | acii | poi | icy. | (1111 | idiy | | | | | | | | | | | | | | | |
|--|-------------------------------|-----------|-------------|-----------------|---------|-------|--------|---------------|---------------|----------------|------------|---------------|-----------|-------------|------------|-------------|-------------|------|--------------|------------|-------------------------|------------|---------------|-----------------|------|----------------|--------------|----------|---------------|------------------|
| Policy Number: | | | | e- | Insura | nce | Acc | oun | t Nu | mber | (If | Yes | s): | | | | | | | | | | | | | | | | | |
| Name of the Policy Owner: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of the Policy Owner: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile (Mandatory): | Т | elephor | ne (l | R/0) N | ۱o.: آ | STI | Осо | de | Т | П | | | Π | Τ | Т | Τ | | Em | nail | ld: | | | | | | | | | | |
| I hereby provide my consent to register this contact | information | in the | reco | ords of | Aditya | Birl | a Su | n Lif | e Ins | uranc | e C | om | pan | ıy L | imi | ted | (AE | 3SL | .l) a | nd | to re | ecei | ve a | a call | wit | h re | gard | d to | my | |
| request for surrender of this policy. PAN: Manda | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Note: As per Government of India and IRDAI Noti uninterrupted services for your policy(s). | ification it | s mano | lato | ry to u | pdate | PAN | √Fo | rm6 | 0 de | tails | in A | All y | our | . pc | olici | es | bef | ore | 31 | .st | Mar | ch.2 | 201 | 8 to | en | sure | | | | |
| Reason for surrender: Financial reasons (In | nmediate F | und red | quire | ement | s) | | | | | hase | | | | | | | ner | nt | | | | | Un | satis | | | | | | |
| Personal reasons (Ma | arriage, Ed | ucation | , De | eath, e | tc.) | | | | Unsa | atisfa | act | ory | Se | rvi | ces | | Į | | Ot | her | s: _ | | | | Pl | ease | Spe | cify | | |
| Are you holding citizenship of any other country? | = | No _ |] | - | s, plea | | | | | - | | | | | | | _ | | | | | | | | | | | | | |
| Are you a tax resident of any other country? Note: If the response to any of the above questions are the country of the above questions. | Yes | No L | _ ubn | - | s, plea | | | | | | | | | | | | | | | | | | | | | | | | | |
| · | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BANK DETAILS: Mandatory as per IRD Bank Name: | AI guide | unes, | Ple | ease | prov | ıae | | | | alls ame: | | r a | ıre | CT | tr | an | STE | er | Int | o y | /ou | ır a | СС | oun | it. | | | | | |
| Bank Address: | | | | | | | - D | Tario | 71114 | 1 | | T | _ | T | | | _ | | | | | | | | | | _ | | | |
| Bank Account Holder's Name: | | | | | ++ | + | + | Λ.ς | | t Typ | <u></u> | Say | vino | 7. ^ | <u> </u> | _ | ┽ | | ıırra | L ant | L_ A/ | | | LLI NR |) [# | \dashv | | L IRO | 十 | \dashv |
| Bank Account Number: | | | Н | | ++ | + | - | | | IFS(| | | , | 5 - | | L | L | Т | T | 7 | $\stackrel{\sim}{\top}$ | | $\overline{}$ | | 7 | | | WINO. | L | |
| | | | Ш | | | | _ | | Ü | | | | L | | | | _ | | | | | our b | | | | | | | | |
| Note: Aditya Birla Sun Life Insurance Company Limited incomplete/ incorrect information provided or rejected cheque. The Bank account details provided above will be | by your ban | k. In cas | e of | requisi | te info | rmat | ion f | or di | | | | | | | | | | | | | | | | | | | | | | vide |
| Mandatory documents for processing | surrend | er | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Original Policy document. | | | | | | | | | | | | | | | | | | | | | | | | pre | | | | | | |
| Self attested copy of PAN is Mandatory, carry | original fo | r verifi | catio | on at I | 3ranch | ١. | | | | | | | | | | | | | | | | | | | | | | | | ımbe |
| Original Cancelled Cheque with pre printed | d name & | accour | nt ni | umbe | r. | | | | | All | pre | emi | um | pa | aid (| ent | ries | ar | e n | nan | dat | ory. | | | | | | | | |
| Discharge Receipt: I/we have not assigned the sai and I/We will not be eligible for any benefits from s. Sun Life Insurance Company Limited (ABSLI) in full that I understand and agree to all the conditions ar deducted from the payout value due to me. | aid policy. I satisfactior | we her | eby this | agree Policy | to acc | ept i | the s | urre d tha | nder it no | value furth | pe er o | r te clair | rms ns | s & of ۱ | cor wha | ndit tso | ion: eve | s o | f th atur | e P e w | olicy vill b | co e pa | ntra ayal | act ai ole u | nd e | disch r thi | narg s Po | e A | dity . I c | a Birl declar |
| I hereby declare and agree that the contents in policies under my client id for any company initiated | | | | lly exp | lained | to m | ne an | nd un | ders | tood l | by r | ne. | I he | erel | by a | gre | e to | o ha | ave | the | giv | en b | anl | k det | ails | to b | e li | nked | d to | all m |
| Vernacular Declaration: I hereby certify that the co | ntents of t | ne abov | e for | | | | | | | | | | | - /+1 | | L to | | | | l | . 1 | | | | | | | | | - 6 |
| who has signed in vernacular language/affixed his/he fully understanding the same. | er lett tnum | o impre: | SSIO | n on tr | ie abov | е то | rm a | na ti | iat n | is/ne | rsı | gna | ture | e/ ti | num | וו מו | mpr | ess | sion | na | s be | en a | аппх | ea in | m | pre | sen | ce, o | oniy | апсег |
| | _ | | | | | | Г | | | | 1 | | | | Naı | | | | | _ | | | | | | | | | | |
| | Date: | D D | M | М | Y | Υ | | Ple | ase af ₹1 | fix | | | | | ship | W | ith | Ро | licy | Ov | ne | `: | | | | | | | | |
| | Place: . | | | | | | | revei | nue st and | amp | | | ldre | | | ntar | -t N | lo · | | | | | | | | | | | | |
| Signature of Policy Owner/ Assignee in case the policy is assigned | | | | | | | | sig | n acro | oss | | | | | | | | | | | | | | | | | | | | |
| For Branch Use Only (All fields are mandatory) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surrender Request submitted by Customer | Adv | isor | | | | | Da | ate: | D | D M | 1 1 | 1 | Y | Υ | Υ | Υ | | | Bet | fore | 3 F | M | [| | ٩fte | r 3 | РМ | | | |
| ABSLI Staff's Name, Employee ID and Signature: | | | | | | | | | | | | | | | | | | | - | | | | | | _ | | | | | |
| | | | | | | | | | | | | | | | | | | | | -1 | | | - 1 | 3ran | ch | Sta | mp |) | | |
| Reference No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Acknowledgment Slip

Please note, in case you have opted for NACH/ECS/DD and your due date is with 10 days within request, your account might get debited for the premium due.

We thank you for choosing Aditya Birla Sun Life Insurane Company Limited (ABSLI) as your preferred insurance partner and hope that you will reconsider our products in the near future.

Date:

However, same shall be refunded to you within 3 working days into the same account from where the money was debited.

Name of Policy Owner:

Received by:

Before 3 PM After 3 PM

FOR/9/17-18/813

Date Stamp and Time

Important Guidelines

- 1. If request for Unit Linked Product is received up to 3:00pm IST on a weekday (Mon-Fri), the same day's NAV will be applicable. However, if the request is received after 3:00pm IST, then the next declared NAV will be applicable. If the request is received on Saturday, then the next declared NAV will applicable. NAV applicability will be subject to receipt of the request along with the policy document and requirements as applicable.
- No Surrender request will be accepted without original policy document.
- 3. Self attested copy of **PAN** is Mandatory. List of Valid Photo ID proofs are given below:
 - Passport -Bankers Certificate/Employer's Certificate with Photograph
 - PAN Card -Driving License

(For payout request received along with request for change in signature, only the above mentioned 4 photo ids are valid).

- PIO Card with photograph ESIC Card with photograph
- Armed Force ID cards with Photograph
 Employees ID card with Photograph
 Bar Council ID for Lawyers of with photograph
- Letter issued by Unique Identification (UIN) Authority of India containing details of name, address is accepted as valid KYC Identification (Photo ID) and Address proofs

Please note that Valid Photo ID of Policy Owner and 3rd party can be attested by Customer Service Executive – other documents by authorized signatories.

- All MDRT, COT, TOT and CEO club members qualified for the last calendar year are also authorized signatories. Either of these documents needs to be attested any of the following authorised signatories
- (As mentioned in the existing form)

4. For Bank Details, please note:

- Original Cancelled cheque with pre-printed name & account number is mandatory
- In case the cancelled cheque does not have the policy owner's name and account number pre-printed, then a copy of the Bank Statement/Bank Passbook with account number and account holder's name needs to be submitted. Computerized Bank statement displaying pre-printed name and account number of the policy owner can be accepted if the same is attested by authorized ABSLI personnel.
- In case cancelled cheque carries pre-printed name and account number, but has "New Account" printed on it, kindly submit an attested copy of the passbook/bank statement bearing pre-printed or handwritten name and account number. Please carry original passbook/bank statement to the branch for verification purposes.

Cheque submitted along with payout requests should be cancelled/defaced. While doing so, please ensure that the account number /IFSC code is clearly visible.

- Cheque should not be signed

Important: Only the front page of the passbook/portion of the bank statement that shows the account holder's name, address, account number and IFSC code should be submitted. Pages showing transactions should not be submitted.

- 5. **For payout forms where thumb impression is affixed** (Requests received from walk in customers) The payout form to be witnessed by a person (not the advisor/employee of the Company) who knows the Policy Owner. The same to be attested by Magistrate, Notary Public or Special Executive Magistrate.
- 6. For request submitted along with indemnity bond Duplicate policy document will be dispatched to the Policy Owner's residence registered in Aditya Birla Sun Life Insurance Company Limited (ABSLI) records. Once the Policy Owner receives the duplicate policy document, he can submit a fresh surrender request. (Requests received from walk in customers) For Maharashtra state the indemnity bond or franking applicable is ₹600/- only and for other states franking applicable is Rs 300/- this is as per amendment in the stamp duty on indemnity (Article 35) of Maharashtra stamp act 1958.
- 7. **For request submitted along with address change request and indemnity bond,** address change will be processed first. After a cooling period of 7 days from the confirmation letter dispatch date, duplicate policy document will be dispatched to the customer's residence registered in ABSLI records. Once the customer receives the duplicate policy document, he can submit a fresh surrender request.
- 8. Section 10 (10D) of the Income Tax Act 1961, provides exemption in respect of all the payments made for a life insurance policy which satisfies the prescribed conditions of premium to sum assured ratio. In order to avail exemption under Section 10 (10D), the amount of premium payable to sum assured at any time of the term of policy should not exceed defined ratio provided below.

Finance Act 2019 has introduced an amendment in TDS provision under Section 194DA in the Income Tax Act 1961 on the insurance policies.

| Policy Issue Period | Exemption Criteria | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| On or before 31st March 2003 | No criteria prescribed (TDS Not applicable) | | | | | | | | |
| On or after 1st April 2003 but on or before 31st March 2012 | Annual Premium should be maximum 20% of the Actual capital Sum Assured in any of the years OR Actual capital Sum Assured should be minimum 5 times Premium in any of the years | | | | | | | | |
| On or after 1st April 2012 | Annual Premium should be maximum 10% of the Actual capital Sum Assured in any of the years OR Actual capital sum assured should be minimum 10 times Premium in any of the years | | | | | | | | |

As per the new section (applicable from 1st September 2019), if the policy proceeds are not eligible for exemption under Section 10 (10D) of the Act and your total payout value for a year exceeds Rs. 100,000, then the tax deductions will be as under:

- At 5% on the income (for valid PAN registered with us)
- At 20% (for valid PAN not registered with us)

The applicable deduction will be withheld by us before releasing the payment and the same shall be deposited with Government authorities

In case valid PAN details are not available with us, TDS certificates would not be generated from Income Tax website. Also, in the absence of PAN, TDS credit would not get reflected in Form 26AS

Important points:

- 1. In case the TDS to be deposited with Government authorities is more than payout value, then the balance TDS shall be recovered from the existing fund of the policy.
- 2. In case the available Fund value post payout is also not sufficient for the TDS, then the surrender request shall be declined by ABSLI.
- 3. For NRI TDS will be applicable as per relevant provisions of Income Tax Act 1961 or as per Double Taxation Avoidance Agreement between India and count of residence of Policy Owner.

Aditya Birla Sun Life Insurance Company Limited (Formerly known as Birla Sun Life Insurance Company Limited) Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013 +91 22 6723 9100 | CIN: U99999MH2000PLC128110 www.adityabirlasunlifeinsurance.com

Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.

